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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: Magical Mattresses Inc			
DOCUMENT NUMBER: \$\(\begin{align*}			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Sultan Ahmed Name of Contact Person			
Name of Confact Person			
1690 fellowheart way			
Hollywood P 33019 City/ State and Zip Code			
E-maddidress: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Sulfan Ahmed at SI 337-4199 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amenda	ent		
to ' Articles of Incorpora	tion		
(Name of Comporation as currently filed with the Florida	es Inc		
012-00002744			
(Document Number of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation," "c "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation A professional corporation name must contain the		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	314 WCS+ Sample Red		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED OV 25 PH 2: 38		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida street add	ress)		
New Registered Office Address:	, Florida		
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an	nd accept the obligations of the position.		

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Please note the officer/director title by the first letter of the office title: P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD. Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change $\mathbf{T}\mathbf{q}$ John Doe X Remove V Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Address Name (Check One) 1690 tellowheart way 1) ____ Change Holywood Fr 3309 Remove 2) ____ Change ___ Add Remove 3) ____ Change Remove 4) ____ Change Add Remove 5) ____ Change ____ Add Remove 6) ____ Change

__ Add

__ Remove

ch additional sheets, if necessary).	(Be specific)
LLA	
1/1/2	
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n amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
k vA-	
D, **	

The date of each amendment(s) adoption: 1 2115 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11 21 3	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Sultan Ahmed	-
(Typed or printed name of person signing)	•
Pusident	_
(Title of person signing)	